

GP

Misc.

Pg 1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

|   |  |                   |   |   |   |
|---|--|-------------------|---|---|---|
| NAME OF FILER<br>INTERNATIONAL LONGSHORE AND WAREHOUSE UNION LOCAL 13 PAC |  |                   | Date of<br>This Filing <u>1/29/2008</u>   | RECEIVED AND FILED<br>in the office of the Secretary of<br>of the State of California<br>Date Stamp<br>JAN 29 2008<br>DEBRA BOWEN<br>Secretary of State | LATE CONTRIBUTION REPORT<br>CALIFORNIA<br>FORM <b>497</b><br>For Official Use Only<br>R |
| AREA CODE/PHONE NUMBER<br>(310) 830-1130                                  | I.D. NUMBER (if applicable)<br>1226530 |                   | Report No. <u>4</u>   |   |   |
| STREET ADDRESS  |  |                   | <input type="checkbox"/> Amendment<br>to Report No. <u>000</u><br>(explain below) |   |   |
| CITY<br>LONG BEACH  | STATE<br>CA                            | ZIP CODE<br>90802 | No. of Pages <u>2</u>   | Page 1  | of 2  |

## Late Contribution(s) Received

| DATE<br>RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(OF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR<br>CODE *  | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED |
|------------------|--|--|--|--------------------|
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                    |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                    |
|                  |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                    |

## \*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment:

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |  |  |  |   |
|---|--|--|--|---|
| NAME OF FILER<br>INTERNATIONAL LONGSHORE AND WAREHOUSE UNION LOCAL 13 PAC |  | Date of<br>This Filing <u>1/29/2008</u>  | <b>RECEIVED AND FILED</b><br>in the Office of the Secretary of State<br>of the State of California<br>JAN 29 2008<br><b>DEBRA BOWEN</b><br>Secretary of State<br>Page 2 of 2 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(310) 830-1130                                  | I.D. NUMBER (if applicable)<br>1226530 | Report No. <u>4</u>  |  |   |
| STREET ADDRESS  |  | <input type="checkbox"/> Amendment to Report No. <u>000</u><br>(explain below) |  |   |
| CITY<br>LONG BEACH  | STATE<br>CA                            | ZIP CODE<br>90802  |  |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION   | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
| 1/29/2008 | Yes On S<br>1303083  | Reduction Of Tax Rate And Modernization Of Communications Users Tax<br>Number: S<br>Jurisdiction: Los Angeles City | \$10,000.00            | 2/5/2008                            |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment:

FPPC Form 497 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

PAGE 02/02  
Page 2 of 2

CA DEMOCRATIC PARTY

9164425991

01/29/2008 16:46

MISC.

MAILING OFFICIAL: Please endorse the attached copy of this notice and return it in the enclosed, addressed, stamped envelope to Olson, Hagel & Fishburn, LLP.

# Late Contribution Report

LATE CONTRIBUTION REPORT

|   |                                       |                                   |  |   |
|---|---------------------------------------|-----------------------------------|--|---|
| NAME OF FILER<br>Democratic State Central Committee of California |                                       | Date of This Filing<br>01/29/2008 | RECEIVED AND FILED<br>In the office of the Secretary of State of the State of California<br>JAN 29 2008<br>DEBRA BOWEN<br>Secretary of State | CALIFORNIA FORM 497<br>For Official Use Only<br>R |
| AREA CODE/PHONE NUMBER<br>(916) 442-5707                          | I.D. NUMBER (if applicable)<br>741566 | Report No.<br>LC-436              |  |   |
| STREET ADDRESS  |                                       | No. of Pages<br>1                 |  |   |
| CITY<br>Sacramento  | STATE<br>CA                           | ZIP CODE<br>95814                 |  |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED   |
|---------------|---|---|---|---|
| 01/28/2008    | Agua Caliente Band of Cahuilla Indians<br>Warm Springs, CA 92282                                | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 10,000.00<br>#2008-0004<br><input type="checkbox"/> Check if Loan |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <input type="checkbox"/> Check if Loan                            |
|               |   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   | <input type="checkbox"/> Check if Loan                            |

\*Contributor Codes  
IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

- ☒ Secretary of State  
☐ Alameda County  
☐ Santa Barbara County
- ☐ FEC  
☐ Fresno County  
☐ Santa Clara County
- ☒ Los Angeles County  
☐ Merced County  
☐ Santa Cruz County
- ☒ SF City & County  
☐ Monterey County  
☐ Solano County
- ☒ Sacramento County  
☐ San Joaquin County  
☐ Yolo County
- ☐ City of Sacramento

If Other Than Above Please List: \_\_\_\_\_



CP

MISC

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |                                     |   |   |  |
|--|-------------------------------------|---|---|--|
| NAME OF FILER<br>Santa Ana Police Officers Association PAC |                                     | Date of This Filing <u>01/29/2008</u>                                     | <b>RECEIVED AND FILED</b><br>Date Stamp<br>in the office of the Secretary of State of the State of California<br><b>JAN 29 2008</b><br><b>DEBRA BOWEN</b><br>Secretary of State | <b>CALIFORNIA FORM 497</b><br>For Official Use Only<br>R |
| AREA CODE/PHONE NUMBER<br>714 836-1211                     | ID NUMBER (if applicable)<br>841683 | Report No. <u>08-001</u>  |   |  |
| STREET ADDRESS   |                                     | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |   |  |
| CITY<br>Santa Ana, CA                                      | STATE<br>CA                         | ZIP CODE<br>92701   |   |  |

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER ID NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION                      | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|---|--|------------------------|-------------------------------------|
| 01/28/2008 | Santa Ana Citizens for Democracy (#1303011)<br><br>Santa Ana, CA 92701                      | Measure D - City Council Term Limits/Code of Ethics<br>City of Santa Ana | 4,000.00               | 02/05/2008                          |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |
|            |   |  |                        |                                     |

Reason for Amendment \_\_\_\_\_

FPPC Form 497 (January/05)  
FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

GP

Misc.

1 of 2

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |                                       |   |                                |   |  |
|---|---------------------------------------|---|--------------------------------|---|--|
| NAME OF FILER<br>SD Co. Republican Central Committee - State Acct |                                       |   | Date of This Filing 01/29/2008 | <b>RECEIVED AND FILED</b><br>in the office of the Secretary of State of the State of California<br>JAN 29 2008<br><b>DEBRA BOWEN</b><br>Secretary of State<br>1/2 | CALIFORNIA FORM 497<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(619) 667-7650                          | I.D. NUMBER (if applicable)<br>741949 | Report No. LCR-80129  |                                |   |  |
| STREET ADDRESS  |                                       | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |                                |   |  |
| CITY<br>San Diego   | STATE<br>CA                           | ZIP CODE<br>92119   |                                |   |  |
|   |                                       |   | No. of Pages 2                 |   |  |

## Late Contribution(s) Received

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 01/29/2008<br> | Atlas Hotels<br><br>San Diego CA 92108<br>ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2500.00         |
| 01/29/2008<br> | California Republican Party<br><br>Burbank CA 91506<br>ID: 810163 Ref: 3                         | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2000.00         |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

## \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment: \_\_\_\_\_

2 of 2

Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |                                       |  |   |
|---|---------------------------------------|--|---|
| NAME OF FILER<br>SD Co. Republican Central Committee - State Acct |                                       | Date of This Filing _____<br><b>RECEIVED AND FILED</b><br>in the office of the Secretary of State<br>of the State of California<br>JAN 29 2008<br><b>DEBRA BOWEN</b><br>Secretary of State | CALIFORNIA FORM <b>497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER  | I.D. NUMBER (if applicable)<br>741949 |  |   |
| STREET ADDRESS  |                                       | Report No. _____<br><input type="checkbox"/> Amendment to Report No. _____<br>(explain below)<br>No. of Pages _____  |   |
| CITY  | STATE ZIP CODE                        |  |   |

Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |

Reason for Amendment: \_\_\_\_\_

Jan 29 08 11:41a C. April Boling, CPA 6196677655 P.2

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01/29/2008 07:35 818 487 1514 → 919166535045

# Late Contribution Report

Type or print in ink.  
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LATE CONTRIBUTION REPORT

|  |                                       |                       |  |  |   |
|--|---------------------------------------|-----------------------|--|--|---|
| NAME OF FILER<br>OPERATING ENGINEERS LOCAL UNION NO. 12 POLITICAL FUND |                                       |                       | Date of<br>This Filing <u>1/28/2008</u>  | <b>RECEIVED AND FILED</b><br>In the office of the Secretary of State of California<br><br>JAN 29 2008 R<br><br><b>DEBRA BOWEN</b><br>Secretary of State<br>Page 2 of 3 | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(818) 792-8900                               | I.D. NUMBER (if applicable)<br>743030 |                       | Report No. <u>28</u>   |  |   |
| STREET ADDRESS   |                                       |                       | <input type="checkbox"/> Amendment to Report No. <u>000</u><br>(explain below) |  |   |
| CITY<br>PASADENA   | STATE<br>CA                           | ZIP CODE<br>911030000 | No. of Pages <u>3</u>  |  |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR MEASURE AND JURISDICTION  | AMOUNT OF CONTRIBUTION | DATE OF ELECTION (IF APPLICABLE) |
|-----------|--|---|------------------------|----------------------------------|
| 1/28/2008 | Yes On Measure D<br><br>1303109<br><br>Memo Reference: 1                                       | Pasadena Utility Users Tax Continuation Measure<br>Number: D<br>Jurisdiction: Pasadena City | \$2,925 77             | 2/5/2008                         |
|           |  |   |                        |                                  |
|           |  |   |                        |                                  |
|           |  |   |                        |                                  |
|           |  |   |                        |                                  |

Reason for Amendment:

CP

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Memo Reference: 1  
In-Kind Contribution - Printing



CP

MUSC

3/3

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |  |                              |  |   |   |
|---|--|------------------------------|--|---|---|
| <b>NAME OF FILER</b><br>OPERATING ENGINEERS LOCAL UNION NO. 12 POLITICAL FUND |  |                              | <b>Date of This Filing</b> 1/29/2008<br><b>Report No.</b> 28<br><input type="checkbox"/> Amendment to Report No. 000<br>(explain below)<br><b>No. of Pages</b> 3 | <b>Date Stamp</b><br><b>RECEIVED AND FILED</b><br>in the office of the Secretary of State of the State of California<br>JAN 29 2008<br><b>DEBRA BOWEN</b><br>Secretary of State | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| <b>AREA CODE/PHONE NUMBER</b><br>(818) 792-8900                               | <b>I.D. NUMBER (if applicable)</b><br>743030 |                              |  |   |   |
| <b>STREET ADDRESS</b>   |  |                              |  |   |   |
| <b>CITY</b><br>PASADENA   | <b>STATE</b><br>CA                           | <b>ZIP CODE</b><br>911030000 |  |   |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

\*Contributor Codes  
 IND - Individual  
 COM - Recipient Committee (other than PTY or SCC)  
 OTH - Other  
 PTY - Political Party  
 SCC - Small Contributor Committee

Reason for Amendment:

M.D.

Misc.

## Late Contribution Report

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LATE CONTRIBUTION REPORT

CALIFORNIA  
FORM 497

For Official Use Only

NAME OF FILER  
CALIFORNIA FINANCIAL SERVICESAREA CODE/PHONE NUMBER  
(415) 389-6800I.D. NUMBER (if applicable)  
1247460

STREET ADDRESS

CITY

SANTA ROSA, CA 95404

STATE ZIP CODE

Date of  
This Filing

01/29/2008

Report No.

in the office of the Secretary of State  
LCR08-027 the State of California☐ Amendment  
to Report No.  
(explain below)

No. of Pages

1

Date Stamp

JAN 29 2008

DEBRA BOWEN  
Secretary of State

## Late Contribution(s) Made

| DATE<br>MADE | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF<br>CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|--------------|---|--|---------------------------|-------------------------------------|
| 01/28/2008   | CITIZENS TO SUPPORT NAPA VALLEY COLLEGE YES ON MEASURE L<br>(#1302481)<br><br>NAPA, CA 94558  | MEASURE L<br>NAPA VALLEY COMMUNITY COLLEGE DISTRICT    | 4,000.00                  |                                     |
|              |   |  |                           |                                     |
|              |   |  |                           |                                     |
|              |   |  |                           |                                     |
|              |   |  |                           |                                     |
|              |   |  |                           |                                     |

☒ Secretary of State Political Reform Division  
 FAX: (916) 651-5045  
☒ San Francisco County Registrar of Voters  
 FAX: (415) 551-7344  
☒ L.A. County Registrar/Recorder Campaign  
 Reporting  
 FAX: (562) 251-2548  
☐ FAX: ( )

Reason for Amendment

7536.01 *[Signature]* *[Signature]*
 FPPC Form 497 (January/05)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)

T-774 P 01/01 Job-082

4156346877

JAN-28-08 10:58 From: NMPW MARIN 2

MD

MISC

T-771 P 01/01 Job-081  
4156346877  
JAN-28-08 08:08 From: NMPWIN MARIN 2

# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

## NAME OF FILER

FG&E CORPORATION AND AFFILIATED ENTITIES

## AREA CODE/PHONE NUMBER

(415) 973-8703

## LD. NUMBER (if applicable)

478163

## STREET ADDRESS

## CITY

SAN FRANCISCO, CA 94177

## STATE

## ZIP CODE

## Date of This Filing

01/29/2008

## Report No.

LCR08-022

☐ Amendment to Report No. (explain below)

## No. of Pages

1

Date Stamp

RECEIVED AND FILED

in the office of the Secretary of State of the State of California

JAN 29 2008

DEBRA BOWEN  
Secretary of State

CALIFORNIA FORM

497

For Official Use Only

## Late Contribution(s) Made

| DATE MADE  | FULL NAME, STREET ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER LD. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|------------|--|---|------------------------|-------------------------------------|
| 01/28/2008 | Friends of Oakland Public Schools (#960997)<br><br>Oakland, CA 94607                         | Measure G<br><br>Oakland Unified School District    | 10,000.00              |                                     |
|            |  |   |                        |                                     |
|            |  |   |                        |                                     |
|            |  |   |                        |                                     |
|            |  |   |                        |                                     |

☒ Secretary of State Political Reform Division  
FAX: (916) 651-5045  
☒ San Francisco County Registrar of Voters  
FAX: (415) 554-7344  
☒ Alameda County Registrar/Recorder Campaign Reporting  
FAX: (562) 651-2548  
☐ FAX: ( )

Reason for Amendment:

6272.09 8 9007/ssu



GP

misc

## Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|   |                                       |   |  |  |
|---|---------------------------------------|---|--|--|
| NAME OF FILER<br>LABORER'S UNION LOCAL NO. 777 POLITICAL ACTION COMMITTEE |                                       | Date of<br>This Filing <u>1/29/2008</u>   | Date Stamp<br><b>RECEIVED AND FILED</b><br>in the office of the Secretary of State<br>of the State of California<br><br>JAN 29 2008<br><br>DEBRA BOWEN<br>Secretary of State | CALIFORNIA<br>FORM <b>497</b><br><br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(213) 380-6678                                  | I.D. NUMBER (if applicable)<br>942524 | Report No. <u>9</u>   |  |  |
| STREET ADDRESS  |                                       | <input type="checkbox"/> Amendment<br>to Report No. <u>000</u><br>(explain below) |  |  |
| CITY<br>LOS ANGELES   | STATE<br>CA                           | ZIP CODE<br>900100000   | No. of Pages <u>2</u>  |  |

## Late Contribution(s) Made

| DATE<br>MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(OF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION   | AMOUNT OF<br>CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|--------------|--|--|---------------------------|-------------------------------------|
| 1/28/2008    | Yes On Measure D<br>Pasadena, CA 91101<br>1303109  | Pasadena Utility Users Tax Continuabon<br>Measure:<br>Number: D<br>Jurisdiction: Pasadena City | \$5,000.00                | 2/5/2008                            |
|              |  |  |                           |                                     |
|              |  |  |                           |                                     |
|              |  |  |                           |                                     |
|              |  |  |                           |                                     |

Reason for Amendment:

FPPC Form 497 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



68  
**Late Contribution Report**

MISC

Type or print in ink.  
Amounts may be rounded to whole dollars.

1 of 2

LATE CONTRIBUTION REPORT

|   |                                       |                        |   |  |                            |
|---|---------------------------------------|------------------------|---|--|----------------------------|
| NAME OF FILER<br>Fresno County Republican Central Committee |                                       |                        | Date of This Filing <u>01/29/2008</u><br>in the office of the Secretary of State of the State of California           | Date Stamp<br><b>RECEIVED AND FILED</b><br>JAN 29 2008 | CALIFORNIA FORM <b>497</b> |
| AREA CODE/PHONE NUMBER<br>(559) 226-6822                    | I.D. NUMBER (if applicable)<br>741921 |                        | Report No. <u>20080129-7055475</u>  | For Official Use Only                                  |                            |
| STREET ADDRESS  |                                       |                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below)<br><b>DEBRA BOWEN</b><br>Secretary of State | R  |                            |
| CITY<br>Fresno  | STATE<br>CA                           | ZIP CODE<br>93710-7616 |   |  |                            |

**Late Contribution(s) Received**

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 01/29/2008<br> | California Republican Party - State<br><br>Burbank CA 91506<br>ID. 810163                        | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2000.00         |
|                | ID   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|                | ID   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

\*Contributor Codes

IND - Individual  
COM - Recipient Committee (other than PTY or SCC)  
OTH - Other (e.g., business entity)

PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

# Late Contribution Report

Type or print in ink  
Amounts may be rounded to whole dollars.

2 of 2

|   |                                      |   |   |   |
|---|--------------------------------------|---|---|---|
| NAME OF FILER<br>Fresno County Republican Central Committee |                                      | Date of This Filing _____   | Date Stamp<br>JAN 29 2008   | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER                                      | ID. NUMBER (if applicable)<br>741921 | Report No. _____  | RECEIVED AND FILED<br>in the office of the Secretary of State<br>of the State of California<br>DEBRA BOWEN<br>Secretary of State<br>2/2 |   |
| STREET ADDRESS  |                                      | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |   |   |
| CITY  | STATE                                | ZIP CODE  |   |   |
|   |                                      | No. of Pages _____  |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIENT<br>(IF COMMITTEE, ALSO ENTER ID. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|---|---|------------------------|-------------------------------------|
| 1         | ID:   | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:   | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:   | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:   | Ballot:<br>Dist:                                    |                        |                                     |

Reason for Amendment: \_\_\_\_\_

6P

Misc

1 of 2

## Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |                                       |  |  |   |
|--|---------------------------------------|--|--|---|
| NAME OF FILER<br>UNITED ASSOCIATION LOCAL UNION 345 POLITICAL ACTION COMMITTEE |                                       | Date of This Filing <u>1/29/2008</u>   | <b>RECEIVED AND FILED</b><br>in the office of the Secretary of State<br>of the State of California<br>JAN 29 2008<br><b>DEBRA BOWEN</b><br>Secretary of State<br>Page 1 of 2 | CALIFORNIA<br><b>FORM 497</b><br>For Official Use Only<br>R |
| AREA CODE/PHONE NUMBER<br>(626) 357-9345                                       | I.D. NUMBER (if applicable)<br>890464 | Report No. <u>3</u>  |  |   |
| STREET ADDRESS   |                                       | <input type="checkbox"/> Amendment to Report No. <u>000</u><br>(explain below) |  |   |
| CITY<br>MONROVIA   | STATE<br>CA                           | ZIP CODE<br>910164557  |  |   |
|  |                                       | No. of Pages <u>2</u>  |  |   |

## Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE #   | IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|---|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   |                 |

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment:

 FPPC Form 497 (June/01)  
 FPPC Toll-Free Helpline: 888/ASK-FPPC



# Late Contribution Report

Type or print in ink.  
Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |                                       |  |   |  |
|--|---------------------------------------|--|---|--|
| NAME OF FILER<br>UNITED ASSOCIATION LOCAL UNION 345 POLITICAL ACTION COMMITTEE |                                       | Date of This Filing <u>1/29/2008</u>   | <b>RECEIVED AND FILED</b><br>Date Stamp<br>In the office of the Secretary of the State of California<br><b>JAN 29 2008</b><br><b>DEBRA BOWEN</b><br>Secretary of State<br>Page 2 of 2 | CALIFORNIA <b>497</b><br>FORM<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(626) 357-9345                                       | I.D. NUMBER (if applicable)<br>890464 | Report No. <u>3</u>  |   |  |
| STREET ADDRESS   |                                       | <input type="checkbox"/> Amendment to Report No. <u>000</u><br>(explain below) |   |  |
| CITY<br>MONROVIA   | STATE<br>CA                           | ZIP CODE<br>910184557  |   |  |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION   | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|--|------------------------|-------------------------------------|
| 1/29/2008 | Yes On Proposition S<br><br>1303063  | Reduction Of Tax Rate And Modernization Of Communications Users Tax<br>Number: 9<br>Jurisdiction: Los Angeles City | \$5,000.00             | 2/5/2008                            |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |
|           |  |  |                        |                                     |

Reason for Amendment:

FPPC Form 497 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

2 of 2

01/29/2008 18:15 818 487 1514 + 919166535045

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1 of 2

## LATE CONTRIBUTION REPORT

DEBRA BOWEN  
Secretary of State

FPPC Form 497 (June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC

2 of 2

| DATE       | TIME  | LOCATION            | REMARKS |
|------------|-------|---------------------|---------|
| 01/23/2007 | 18:01 | 810 401 1014 7 4101 | 100.000 |
| 01/23/2007 | 18:01 | 810 401 1014 7 4101 | 100.000 |

Late Contribution(s) Made.Reason for Amendment:

1308650-0

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## Late Contribution Report

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LATE CONTRIBUTION REPORT

|  |  |                        |   |  |  |
|--|--|------------------------|---|--|--|
| NAME OF FILER<br>Contra Costa Republican Party |  |                        | Date of This Filing<br>01/29/2008   | Date Stamp<br>JAN 29 2008                                      | CALIFORNIA FORM 497<br>For Official Use Only |
| AREA CODE/PHONE NUMBER<br>(925) 930-9551       | I.D. NUMBER (if applicable)<br>1268794 |                        | Report No.<br>20080129-7055475  | in the office of the Secretary of State<br>State of California |  |
| STREET ADDRESS                                 |  |                        | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |  | DEBRA BOWEN<br>Secretary of State            |
| CITY<br>Walnut Creek                           | STATE<br>CA                            | ZIP CODE<br>94596-5218 | No. of Pages<br>2   |  |  |

## Late Contribution(s) Received

| DATE RECEIVED  | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *  | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|----------------|--|---|---|-----------------|
| 01/29/2008<br> | Bay Air Systems, Inc.<br><br>Concord ID: CA 94520-4922   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input checked="" type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2000.00         |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |
|                | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                 |

## \*Contributor Codes

|   |                                   |
|---|-----------------------------------|
| IND - Individual                                  | PTY - Political Party             |
| COM - Recipient Committee (other than PTY or SCC) | SCC - Small Contributor Committee |
| OTH - Other                                       |                                   |

Reason for Amendment: \_\_\_\_\_

 Date Stamp FPPC Form 497 (June/01)  
 FPPC Toll-Free Helpline: 866/ASK-FPPC

# Late Contribution Report

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2 of 2

LATE CONTRIBUTION REPORT

|  |  |   |   |   |
|--|--|---|---|---|
| NAME OF FILER<br>Contra Costa Republican Party |  | Date of This Filing _____   | <b>RECEIVED AND FILED</b><br>in the office of the Secretary of State<br>of the State of California<br><br>JAN 29 2008<br><br><b>DEBRA BOWEN</b><br>Secretary of State | <b>CALIFORNIA FORM 497</b><br>For Official Use Only |
| AREA CODE/PHONE NUMBER                         | I.D. NUMBER (if applicable)<br>1268794 | Report No. _____  |   |   |
| STREET ADDRESS                                 |  | <input type="checkbox"/> Amendment to Report No. _____<br>(explain below) |   |   |
| CITY   | STATE                                  | ZIP CODE  |   |   |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
|           | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
|           | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
|           | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
|           | ID:  | Ballot:<br>Dist:                                    |                        |                                     |

Reason for Amendment: \_\_\_\_\_

FPPC Form 497(June/01)  
FPPC Toll-Free Helpline: 866/ASK-FPPC



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Page 1 of 2

## Late Contribution Report

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LATE CONTRIBUTION REPORT

## NAME OF FILER

Kern County Republican Central Cmte-Non Fed

## AREA CODE/PHONE NUMBER

(661) 327-9321

## STREET ADDRESS

## I.D. NUMBER (if applicable)

770873

## CITY

Bakersfield

## STATE

CA

## ZIP CODE

93309-7044

Date of  
This Filing

01/29/2008

## Report No.

20080129-7055475

☐ Amendment  
to Report No.

(explain below)

## No. of Pages

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Secretary of State

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## Late Contribution(s) Received

| DATE<br>RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)     | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED |
|------------------|--|---|---|--------------------|
| 01/29/2008<br>   | California Republican Party (Restricted Non Candidate)<br><br>Burbank<br>ID: 810163<br>CA 91506-1727 | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input checked="" type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 2000.00            |
|                  | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                    |
|                  | ID:  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                    |

## \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee

Reason for Amendment: \_\_\_\_\_

FPPC Form 497(June/01)  
Date Stamp FPPC Toll-Free Helpline: 866/ASK-FPPC

01/29/2008 TUE 21:18 FAX 5309345116 The KAL Group

001/002

2 of 2

# Late Contribution Report

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**NAME OF FILER**

Kern County Republican Central Cmte-Non Fed

AREA CODE/PHONE NUMBER

I.D. NUMBER (if applicable)

770873

STREET ADDRESS

CITY

STATE

ZIP CODE

Date of  
This Filing

Report No.

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to Report No. \_\_\_\_\_  
(explain below)

No. of Pages

|   |  |                                  |  |
|---|--|----------------------------------|--|
| <b>RECEIVED AND FILED</b><br>in the office of the Secretary<br>of the State of California |  | <b>STATE CONTRIBUTION REPORT</b> |  |
| JAN 29 2008   |  | <b>CALIFORNIA FORM 497</b>       |  |
| <b>DEBRA BOWEN</b><br>Secretary of State  |  | For Official Use Only            |  |
| 2 / 2   |  |                                  |  |

## Late Contribution(s) Made

| DATE<br>MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION | AMOUNT OF<br>CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|--------------|--|--|---------------------------|-------------------------------------|
|              | ID:  | Ballot:<br>Dist:                                       |                           |                                     |
|              | ID:  | Ballot:<br>Dist:                                       |                           |                                     |
|              | ID:  | Ballot:<br>Dist:                                       |                           |                                     |
|              | ID:  | Ballot:<br>Dist:                                       |                           |                                     |

Reason for Amendment: \_\_\_\_\_

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Misc.

1 of 2

# Late Contribution Report

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NAME OF FILER  
Riverside County Party (State Acct)

AREA CODE/PHONE NUMBER

(951) 684-8181

STREET ADDRESS

CITY

Riverside

I.D. NUMBER (if applicable)

747101

STATE

CA

ZIP CODE

92506-2927

Date of  
This Filing 01/29/2008

Report No. 20080129-7055475AN 29 2008

☐ Amendment  
to Report No. \_\_\_\_\_  
(explain below)

No. of Pages 2

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Secretary of State

1 / 2

LATE CONTRIBUTION REPORT

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## Late Contribution(s) Received

| DATE<br>RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER)      | CONTRIBUTOR<br>CODE *   | IF AN INDIVIDUAL<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT<br>RECEIVED |
|------------------|---|---|---|--------------------|
| 01/28/2008<br>   | California Hospital Association PAC, sponsored by CAHHS<br><br>Sacramento CA 95814-3946<br>ID: 790773 | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 5000.00            |
| 01/28/2008<br>   | Coalition to Protect California's Budget & Economy<br><br>Sacramento CA 95814-3974<br>ID: 1300585     | <input type="checkbox"/> IND<br><input checked="" type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |   | 1000.00            |
|                  | ID:   | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC            |   |                    |

### \*Contributor Codes

IND - Individual

COM - Recipient Committee (other than PTY or SCC)

OTH - Other

PTY - Political Party

SCC - Small Contributor Committee


Reason for Amendment: \_\_\_\_\_

2 of 2

# Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |                                      |  |  |  |
|--|--------------------------------------|--|--|--|
| NAME OF FILER<br>Riverside County Party (State Accl) |                                      | Date of This Filing  | <b>RECEIVED AND FILED</b><br>in the office of the Secretary of State<br>of the State of California<br><br>JAN 29 2008<br><br><b>DEBRA BOWEN</b><br>Secretary of State<br>212 | <br>For Official Use Only |
| AREA CODE/PHONE NUMBER                               | ID. NUMBER (if applicable)<br>747101 | Report No.   |  |  |
| STREET ADDRESS                                       |                                      | <input type="checkbox"/> Amendment to Report No. (explain below) |  |  |
| CITY   | STATE                                | ZIP CODE   |  |  |

## Late Contribution(s) Made

| DATE MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE OR<br>MEASURE AND JURISDICTION | AMOUNT OF CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|-----------|--|---|------------------------|-------------------------------------|
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |
| 1         | ID:  | Ballot:<br>Dist:                                    |                        |                                     |

Reason for Amendment:



CP

MISC.

1 of 2

Late Contribution Report

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Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

|  |  |  |   |  |
|--|--|--|---|--|
| <b>NAME OF FILER</b><br>AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO,<br>COUNCIL 36 |  | <b>Date of This Filing</b> 1/29/2008   | <b>RECEIVED AND FILE</b><br>in the office of the Secretary of State<br>of the State of California<br><br>JAN 29 2008<br><br><b>DEBRA BOWEN</b><br>Secretary of State<br><br>Page 1 of 2 | <b>CALIFORNIA FORM 497</b><br><br>For Official Use Only<br><br>R |
| <b>AREA CODE/PHONE NUMBER</b><br>(213) 487-9887  | <b>I.D. NUMBER (if applicable)</b><br>747152 | <b>Report No.</b> 2-2008   |   |  |
| <b>STREET ADDRESS</b>  |  | <input type="checkbox"/> <b>Amendment to Report No.</b> 000<br>(explain below) |   |  |
| <b>CITY</b><br>LOS ANGELES   | <b>STATE</b><br>CA                           | <b>ZIP CODE</b><br>900201706   |   |  |
|  |  | <b>No. of Pages</b> 2  |   |  |

Late Contribution(s) Received

| DATE RECEIVED | FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CONTRIBUTOR CODE *   | IF AN INDIVIDUAL,<br>ENTER OCCUPATION AND EMPLOYER<br>(IF SELF-EMPLOYED, ENTER NAME OF BUSINESS) | AMOUNT RECEIVED |
|---------------|--|--|--|-----------------|
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                 |
|               |  | <input type="checkbox"/> IND<br><input type="checkbox"/> COM<br><input type="checkbox"/> OTH<br><input type="checkbox"/> PTY<br><input type="checkbox"/> SCC |  |                 |

\*Contributor Codes  
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COM - Recipient Committee (other than PTY or SCC)  
OTH - Other  
PTY - Political Party  
SCC - Small Contributor Committee

Reason for Amendment:

2 of 2

# Late Contribution Report

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LATE CONTRIBUTION REPORT

NAME OF FILER  
AMERICAN FEDERATION OF STATE, COUNTY AND MUNICIPAL EMPLOYEES, AFL-CIO,  
COUNCIL 36

AREA CODE/PHONE NUMBER  
(213) 487-9887

I.D. NUMBER (if applicable)  
747152

STREET ADDRESS

CITY  
LOS ANGELES

STATE  
CA

ZIP CODE  
900201706

Date of  
This Filing 1/29/2008

Report No. 2-2008

☐ Amendment  
to Report No. 000  
(explain below)

No. of Pages 2

Date Stamp

JAN 29 2008

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Secretary of State

Page 2 of 2

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## Late Contribution(s) Made

| DATE<br>MADE | FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT<br>(IF COMMITTEE, ALSO ENTER I.D. NUMBER) | CANDIDATE AND OFFICE<br>OR<br>MEASURE AND JURISDICTION   | AMOUNT OF<br>CONTRIBUTION | DATE OF ELECTION<br>(IF APPLICABLE) |
|--------------|--|--|---------------------------|-------------------------------------|
| 1/29/2008    | YES ON MEASURE D<br>c/o JON FUHMAN TREASURER<br><br>1303109                                    | UTILITY USERS TAX<br>Number: D<br>Jurisdiction: CITY OF PASADENA   | \$2,500.00                | 2/5/2008                            |
| 1/29/2008    | JORDAN BRANDMAN FOR SCHOOL BOARD<br><br>1287152  | JORDAN BRANDMAN<br>Office Description: HIGH SCHOOL BOARD<br>OF TRUSTEES<br>Jurisdiction: Other<br>ANAHEIM<br>Office Sought | \$500.00                  | 2/5/2008                            |
|              |  |  |                           |                                     |
|              |  |  |                           |                                     |

Reason for Amendment: